

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 572 894

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13		3		1		
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15		3		1		
16		3		1		
17		3		1		
18		3		1		
19		3		1		
20		3		1		
21		3		1		
22		3		1		
23		3		1		
24		3		1		
25		3		1		
26		3		1		
27		3		1		
28		3		1		
29	1	3	1	1		
30		3		1		
31		3		1		
32		3		1		
33		3		1		
34		3		1		
35		3		1		
36		3		1		
37		3		1		
38		3		1		
39		3		1		
40		3		1		
41		3		1		
42	1	3	1	1		
43		3		1		
44		3		1		
45		3		1		
46		3		1		
47		3		1		
48		3		1		
49		3		1		
50		3		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55	1	1	1	1		
56		1		1		
57		2		1		
58		2		1		
59		1		1		
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97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		55	←	←	
TOTAL CLAIMS			59			